

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747
 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
 YOU MUST
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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

A METHOD AND DEVICE FOR DISPENSING OF DROPLETS

Fill in Appropriate
 Information -
 For Use Without
 Specification
 Attached:

the specification of which is attached hereto. If not attached hereto,

the specification was filed on _____ as
 United States Application Number _____;
 and amended on _____ (if applicable) and/or
 the specification was filed on _____ as PCT
 International Application Number _____; and was
 amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

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Prior Foreign Application(s)

Priority Claimed

Insert Priority
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 (if appropriate)

<u>2001/0457</u> (Number)	<u>IRELAND</u> (Country)	<u>May 11, 2001</u> (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
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Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
IGOR SHVETS	<i>W Shvets</i>	16-07-2001
Residence (City, State & Country)	CITIZENSHIP	
Castlknock, Dublin 15, Ireland	Irish	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
250 Delwood Road, Castlknock, Dublin 15, Ireland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
SERGEI MAKAROV		
Residence (City, State & Country)	CITIZENSHIP	
Dublin 8, Ireland	Russian	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
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SERGEI MAKAROV		<i>[Signature]</i>	16/7/2001
Residence (City, State & Country)		CITIZENSHIP	
Dublin 8, Ireland		Russian	
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Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

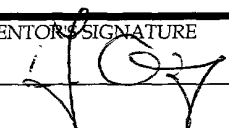
Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
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